

PRIVACY ACT INFORMATION RELEASE STATEMENT

For use of this form, see AR 20-1; the proponent agency is the Office of The Inspector General.

I, _____, authorize access or release of:
(Rank/Title, First MI Last Name)

- ☐ Any inspector general information or records pertaining to me
- ☐ Inspector general information or records pertaining to my request specifically for

to the following individual(s):

- ☐ General release

☐ _____

(Rank/Title, First MI Last Name)

SIGNATURE

DATE (YYYYMMDD)